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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/200,984 11/30/1998 PAT 6,288,798 *JAT*

** FOREIGN APPLICATIONS *****

None JAT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/27/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	NY	7	23	3
Examiner's Signature <i>[Signature]</i> Allowance <i>JAT</i> Initials				

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TITLE

Show-through compensation apparatus and method

FILING FEE RECEIVED 1094	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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